

**INJURY PREVENTION TASK FORCE (IPTF) MEETING  
FEBRUARY 17, 2004**

**MEMBERS PRESENT**

Debra Brus, Epidemiologist, Washoe County District Health Department (WCDHD)  
Kelly Anrig, Safety Engineer, Nevada Department of Transportation (NDOT)  
Fergus Laughridge, Program Manager, Emergency Medical Services (EMS)  
Traci Filippi, Highway Safety Specialist, for Bruce Mackey, Office of Traffic Safety (OTS)  
Mike Bernstein, Health Educator II, Clark County Health District, SAFE KIDS Clark County  
Robinette Bacon, School Health Education Coordinator, Department of Education (DOE)  
Cynthia C. Huth, RN, MSN, CNM, Health Program Specialist II, Bureau of Family Health Services (BFHS)  
Kelly Y. Langdon, MPH, Injury Prevention Coordinator, BFHS

**MEMBERS ABSENT**

Dr. John Fildes, Department of Surgery, University of Nevada School of Medicine (UNSOM)  
Tina Perry, Health Resource Analyst II, Bureau of Health Planning & Statistics, (BHP&S)

**STATE HEALTH DIVISION STAFF PRESENT**

Judith Wright, Bureau Chief, Bureau of Family Health Services  
Kimberly Williams, Administrative Assistant, BFHS  
Tami Terstege, Administrative Assistant, BFHS  
Jackie Hurles, Administrative Assistant, BFHS  
Wei Yang, MD, PhD, State Biostatistician, Bureau of Health Planning and Statistics

**OTHERS PRESENT**

NONE

**CALL TO ORDER AND INTRODUCTIONS**

Cynthia Huth called to order the Injury Prevention Task Force (IPTF) meeting at **9:10 a.m.** at the Nevada Department of Transportation (NDOT) buildings in Carson City and Las Vegas. This was a videoconferenced public meeting and the public was invited to make comments. Ms. Huth introduced Kelly Langdon, the new Injury Prevention (IP) Coordinator. In accordance with the Nevada Open Meeting Law, this meeting was posted at the following locations: Kinhead Building, Carson City; Bureau of Family Health Services, Carson City; Nevada State Library and Archives, Carson City; Washoe County District Health Department (WCDHD), Reno; Clark County Health Department (CCHD), Las Vegas; Elko Nursing Office, Elko; and NDOT offices in Carson City and Las Vegas.

**ACTION - APPROVAL OF MINUTES FROM FEBRUARY 25, 2003**

Kelly Anrig motioned for approval of the minutes as written and Robinette Bacon seconded the motion.

**MOTION APPROVED.**

**UPDATE ON THE EMERGENCY DEPARTMENT SURVEILLANCE**

Dr. Wei Yang from the Bureau of Health Planning and Statistics (BHP&S) reported the Emergency Room data was very important, not only for our injury prevention program, but for many programs. There is not a lot of data on the chronic disease registry with the exception of the cancer registry. The chronic disease registry is almost at zero. Three years ago, the BHP&S had an agreement with the Nevada Hospital Association (NHA) and a Nevada hospital vendor to collect the emergency room data for chronic disease. There were two years of data that the company completed. This was very costly and the data acquired was not good. The contract is currently up for renewal. Dr. Yang is going to see if the University of Nevada in Las Vegas (UNLV) would consider being a partner for this data collection. The data analysis will take place at the BHP&S office. It will be proposed that the contractors will go through the NHA. Once the contract is in place, data collection should not be as slow. The inpatient data that has been kept is a very good foundation and this should be good for the outpatient data. For the past three years, the data has been accessible. There will be a special session with the hospitals within the next couple of months. The inpatient data is mandated by law and has to be submitted. Dr. Yang stated there are seventy different systems that the data is reported to. Debra Brus asked Dr. Yang if there was a lot of work the hospital needs to do with the data before it is submitted to a contractor? Dr. Yang expressed that this is not a small job. Fergus Laughridge asked Dr. Yang which programs would be chosen for the emergency department data and if there was a vendor that has already shown that their program will work. He also asked what criteria would be placed on those data elements that are not being completed. Dr. Yang stated that the hospital inpatient data is a very good collection and that this will be extended to outpatient data. This will be completed after the Hospital Association Financial Committee votes and agrees to use the ideas that have been proposed by the BHP&S. Mr. Laughridge asked Dr. Yang if there had been a bill draft request (BDR) submitted to the director's office to mandate the Emergency Department Data using the mechanisms provided. Dr. Yang stated that he had not received any word so far that one is in the works. Mr. Laughridge asked Dr. Yang what costs are imposed upon the medical facilities and to the BHP&S to implement the program. Dr. Yang stated that the manpower is what's needed to do the data. They have the infrastructure and already have all of the hardware and software is in place. Mr. Laughridge then asked Dr. Yang what the full time employee requirements are. Dr. Wang stated that the current proposal is for one support staff, one professional programmer and one biostatistician. Ms. Brus suggested getting a bill passed to make the data collection mandatory. Traci Filippi suggested to Dr. Yang to apply for the federal highway safety grant that will be available from the Nevada Office of Traffic Safety. Mr. Laughridge referred to the hospital discharge data and asked who developed the software. Dr. Yang explained that the hospitals are not using a uniform discharge data system. Mike Bernstein asked Dr. Yang about how much of the percentage of mortality data is missing without the emergency department's data. Mr. Bernstein stated that if 30% of the state's data is missing this could hurt while trying to get federal dollars for injury prevention. Dr. Yang stated that the mortality crash and vital records have a very good data registry system. The first step is to put several databases together including trauma registry, mortality data, transportation force data and the hospital discharge data. The biggest missing part of the data is from hospital emergency rooms.

#### **DATA SURVEILLANCE (DATA LINKAGE) REPORT**

Ms. Huth stated that she had mailed out *Nevada's Injury Data Surveillance Project, An Analysis of the Injury Surveillance Data System in Nevada* report to all of the IPTF members. In addition,

twelve copies of the report were also distributed to the Nevada State Library and Archives, one copy went to Barbara Ludwig at the Clark County Health District, and at least fifty or sixty copies were sent out around the state. No reports had been sent to the legislators. Both of these reports are available on the IPTF web site at: <http://health2k.state.nv.us/BFHS>. The Health Division contracted with Research Applications, which is a company based in Pennsylvania. This company and Dr. Yang worked together to produce the report. Dr. Yang stated this was the first time injury databases had been put together and that emergency room data is the most important. Ms. Huth reviewed the recommendations and emphasized recommendation number seven, which clearly states to mandate and enforce the submission of E-codes in hospital discharge data and provide separate fields for E-codes in all databases. E-codes are not being used with the hospital discharge data. The trauma registry has also improved. Ms. Brus asked if the trauma registry only contained data from Washoe Medical Center in Washoe County and the University Medical Center in Clark County. Mr. Laughridge explained that a trauma center is required to have a trauma register, and a medical facility that sees trauma patients are asked to submit trauma data. The subject of mandating hospitals to report E-codes in hospital discharge data is discussed during the Five Year Plan for the Injury Prevention (IP) program.

#### **INJURY PREVENTION GRANT FUNDS RECEIVED FROM THE CDC (OCTOBER 2003 – SEPTEMBER 2004)**

Ms. Langdon discussed the IP grant funds. The grant period for this year started October 1, 2003 and will end September 30, 2004. The total amount received this year was \$125,000. Ms. Langdon stated that \$75,000 of this money is strictly used for the IP program. In addition to the \$75,000, a supplemental grant for \$50,000 was received for Youth Suicide Prevention. Ms. Langdon was recently notified that there would be a ten-month extension on the current funding. This extension will be from October 2004 through July of 2005. The IP grant is currently in its fifth and final year of the grant fund. These five years are called Phase I of the IP grant. Phase II will begin when the next five year grant period starts. With some of the grant money, a display board was purchased and IP brochures are in the process of being printed. Ms. Langdon estimated that there is between \$4,000 and \$7,000 available to spend from this grant cycle. Ms. Filippi asked if the grants for IP are all from the Centers for Disease Control and Prevention (CDC). Ms. Langdon explained that the IP grant comes from the CDC. The population of each state determines the grant money that the CDC distributes to each state.

#### **YOUTH SUICIDE PREVENTION SUBGRANT**

Ms. Huth spoke on three small grants that were applied for through the CDC. All three were recommended, but only one was approved. The two grants that were recommended but not approved for funding were for poisoning prevention and motor vehicle crash prevention. The CDC did approve a grant in the amount of \$50,000 for Youth Suicide Prevention which is subgranted out to the Crisis Call Center for one year. This money is used for the Crisis Call Center line which assists with suicide phone calls. The Crisis Call Center serves Northern Nevada, including rural areas. The Crisis Call Center gives presentations on how to recognize depression, possible signs of suicide, and how to prevent suicide. Ms. Huth added that Clark County does have a suicide prevention hot line which does not run twenty four hours a day, seven days a week. The calls are rolled over to the Crisis Call Center which does run at all

times. If the Crisis Call Center system gets over whelmed with phone calls then the call will get routed to the next regional certified phone center. Ms. Langdon will continue to search for other grants to apply for that will benefit not only suicide prevention, but poisoning prevention and motor vehicle crash prevention as well. The Clark County Health District has decided to give more support to the Crisis Call Center, who is the only certified crisis center. Mike Bernstein stated that the Department of Human Resources is in the process of hiring a Suicide Prevention Coordinator. Dr. John Fildes has spent a lot of time developing and coordinating data, relating specifically to suicide.

### **ACTION – DISCUSSION OF TOP THREE SUBJECTS: SUICIDE PREVENTION, POISONING PREVENTION, AND MOTOR VEHICLE CRASH PREVENTION**

Ms. Huth reminded the task force that at last year's meeting the IPTF was asked to choose three subjects to focus prevention efforts on. The task force chose suicide, poisoning, and motor vehicle crashes. Ms. Brus stated data does not preclude working on these three subject areas. For example, the number of completed suicides in youths is about a fourth of the number of attempts. There is no information on suicide attempts; this is due to not having emergency department surveillance. Ms. Huth noted that the data collection is very important.

Ms. Langdon discussed that there are monies available from the grant for prevention activities on these three topics. The IP program is already spending \$50,000 on suicide prevention with the Crisis Call Center in Reno. Ms. Langdon stated that the Crisis Call Center is required to submit quarterly reports to the Health Division. In their subgrant, some of their goals are to provide suicide prevention education to 2,500 students with in Northern Nevada, distribute 6,000 informational materials to the youths, and train rural county representatives to assist in youth suicide prevention. Ms. Huth explained two different ways to tell what impacts have been made with youth suicide prevention. One way is by the calls that have come in to the Crisis Call Center, and the other by the reduction in the suicide numbers. The 2004 youth suicide data will come out in 2005. Mr. Bernstein expressed that youths generally do not call in to suicide prevention hot lines; the calls from youths average about two to three percent of total callers.

There is additional money (between \$4,000 and \$7,000) to spend before October of 2004 on prevention activities. This money was originally going to be used to buy computer equipment, but is no longer needed for that purpose. Ms. Langdon needed suggestions from the IPTF on which programs would benefit most with the left over money. Ms. Brus brought up the issue of poisoning in children under the age of five, which is a major health problem. There is not an agency or program currently working on poison control. Ms. Huth suggested using the small amount of dollars to distribute poison control information out to the public. One option would be to contact the Model Dairy Company and have a logo placed on milk cartons. This was previously done and there was not a cost. Making up educational brochures and purchasing refrigerator magnets were other suggestions. Mr. Laughridge motioned to target poison control in Washoe County and partner with Washoe County Safe Kids. Robinette Bacon seconded the motion. **MOTION APPROVED.**

### **ACTION - INJURY PREVENTION PROGRAM PLAN FOR THE NEXT FIVE YEARS**

The IPTF discussed again the recommendation to mandate hospitals to report E-codes in hospital discharge data. Ms. Bacon recommended that the IPTF should pursue a bill draft. Judith Wright

suggested sending a letter to the Health Division Administrator, which would include the IPTF recommendations. Ms. Bacon recommended the IP staff prepare this letter. Mr. Laughridge explained that the IPTF serves as advisory to the Health Division; the task force is not to act as an independent agent submitting correspondence. He suggested that the task force submit a letter, which would serve as advisory to the Health Division administrator encouraging that this document be shared with the appropriate people. Ms. Bacon suggested a bill draft request be recommended to the Health Division and suggested approaching Senator Valerie Wiener and let her review this report. Mike Bernstein suggested proposing a bill in the next legislation session around the needs for injury prevention in the State of Nevada. Ms. Huth discussed the idea of mandating reporting of E-codes in hospital discharge data and recommended that a letter be sent to the Health Division Administrator about a bill draft request regarding this issue. Ms. Bacon recommended following all eight recommendations listed in *Nevada's Injury Data Surveillance Project* with emphasis placed on recommendation numbers five and seven for the five-year plan. Ms. Langdon asked the task force if it agreed that she should draft a letter to the Health Division Administration. This letter would be approved by the IPTF members and then submitted to the Health Division Administration for approval. Ms. Bacon moved that the Nevada Injury Prevention Task Force send a letter to the State Health Division Administrator asking for guidance about mandating reporting of E-codes in hospital discharge data and standardizing and centralizing emergency department data into a statewide database. Ms. Brus seconded the motion. **MOTION APPROVED.**

Ms. Langdon will be applying for Phase II of the IP grant from the CDC later this year, and is optimistic that we will receive funding for the next five years (2005-2010). Ms. Langdon presented a handout that suggested what direction the IPTF should take in Phase II. When the money becomes available from the CDC for Phase II, there will be a list of certain expectations to be met. Ms. Langdon suggested spending the grant money on the salary for the Injury Prevention Coordinator and salary for a biostatistician that will analyze and collect data on injuries in Nevada. Ms. Wright explained that the CDC would most likely be emphasizing the development of surveillance and data collection. Ms. Langdon expressed the importance of continuing and improving data collection and the publishing of reports. Comparison reports should also be published comparing injury statistics from year to year. This will show if the occurrences of injuries are declining. Ms. Huth noted it cost \$50,000 to publish the three published reports during Phase I of the IP grant. Mr. Laughridge thought it necessary to keep up with county specific data and continue to reevaluate reoccurring injuries because it may not always be suicide prevention and motor vehicle crashes. Drowning in Southern Nevada at one time was a priority. Mr. Bernstein suggested that drowning prevention in the Clark County Health District should be a priority for children four years and under. Clark County has had three bathtub deaths this past year. Ms. Langdon explained that the Youth Risk Behavior Survey was used in the data linkage report. Ms. Bacon stated that each school district has had their own specific data. Ms. Brus expressed that another serious injury issue to watch out for is falls. There is not a program or agency currently working on falls, especially in the elderly and the very young. There should be a partnership with aging services, senior centers, and the arthritis program. Ms. Langdon suggested that every other year the IPTF should choose three injury topics to focus on. The choice should be based on the injury prevention data that is available from the biostatistician. The IPTF definitely needs to collaborate with other agencies and organizations and we do not want to see duplication of efforts. The focus for the next five years

should be coordination and collaboration. Ms. Langdon stressed that the IPTF should still remain a task force and meet on a regular basis (at least twice a year). Mr. Laughridge suggested meeting quarterly. The role of the task force would be to expand and collaborate with as many agencies as possible. Policy also needs to be addressed. Ms. Wright recommended that the task force adopt by-laws and elect a chairperson. Mr. Laughridge motioned for the IPTF to accept the draft directions that Ms. Langdon provided. With the amendment to the document, indicating the IPTF should meet quarterly. Ms. Bacon seconded the motion. **MOTION APPROVED.**

#### **ACTION – INJURY PREVENTION TASK FORCE MEMBERSHIP**

Ms. Huth explained the history and development of the IPTF. This program is not mandated or legislated; it was set up when the grant was originally applied for five years ago. It is required that there are between ten to twelve members on the task force and Ms. Huth named each organization that is to be represented on the task force. For the next five-year grant cycle, the purpose of the IPTF will be updated. Changes to take place at the next IPTF meeting are: expanding goals and objectives, electing a chairperson, implementing by-laws, expanding membership, and meeting quarterly. Mr. Laughridge motioned to approve and Mr. Anrig seconded the motion.

**MOTION APPROVED.**

#### **CHILD SEAT LAW PUBLIC EDUCATION CAMPAIGN**

Traci Filippi from the Nevada Office of Traffic Safety distributed handouts, which were titled, “Public Education Plan Booster Seat Law 2003-2004.” Through the collaborative efforts of concerned legislators and child passenger safety advocates, a law was passed during the 72<sup>nd</sup> session of the Nevada legislature that increases the weight and age limits pertaining to mandated child seats. The current law states that a child must be in a vehicle child restraint until he/she reaches either age 5 or 40 pounds. The new law increases those limits to 6 years and 60 pounds, meaning that once a child has achieved either, he may legally be buckled into the vehicle without a vehicle child restraint. This will go into effect in June of 2004. Children age nine to fifteen are still being killed in motor vehicle crashes; the mortality has not decreased in the last twenty years. Children less than four foot nine are to be in a booster seat. Violators that do not restrain their children in car seats will be fined, along with mandatory community service. The campaign logo for the new law is “Give Em a Boost Nevada.” This campaign is sponsored by the following agencies: State of Nevada Department of Public Safety, Office of Traffic Safety, Highway Patrol, California State Automobile Association of Nevada, Clark County Safe Kids, Washoe County Safe Kids, Nevada State Health Division, and the University of Las Vegas Safe Communities Partnership. The First Lady of Nevada, Dema Guinn, will be the spokesperson for this campaign. First Lady Guinn will prepare television and radio messages this month. These messages will be aired primarily in Northern and Southern Nevada on March 15 through April 11, 2004. This campaign will target caregivers, school aged children, daycare centers, health care centers, and there will be slides shown at the Century Theaters in Washoe County. There is also an informational web site available at [www.giveemaboostnv.org](http://www.giveemaboostnv.org). Mr. Laughridge offered to disseminate any information to the ambulance services, law enforcement agencies and possibly, at the States Emergency Medical Services conference in Winnemucca, which will be held the first weekend in May. Ms. Filippi stated that another law was revised last session, which pertained to kids under the age of 18 years old; this revision will not allow them to ride in the back of pick-up trucks.

**ACTION – TASK FORCE TO SET NEXT MEETING DATE**

Ms. Langdon set the next IPTF Meeting for June 15, 2004 at 9:00 am.

**PUBLIC COMMENT AND DISCUSSION**

Mr. Laughridge offered to have the IP display board driven down to the Las Vegas Health Expo in April to save costs on shipping.

**ADJOURNMENT**

The meeting was adjourned at **12:15 p.m.**